

PTO/SB/17 (10-03)

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110

Complete if Known

Application Number 09/230,195
 Filing Date December 10, 1999
 First Named Inventor RYBAK, Susanna
 Examiner Name Shin-Lin Chen
 Art Unit 1632
 Attorney Docket No. 015280-284100US

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number	20-1430		
Deposit Account Name	Townsend and Townsend and Crew LLP		
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 365	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 630	2003 285	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			\$)
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims			
Multiple Dependent			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 16	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 66	2204 43	Reissue independent claims over original patent	
1205 16	2205 0	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			\$)
-- or number previously paid, if greater. For Reissues, see above			
		Other fee (specify):	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3)	
		\$) 110	

SUBMITTED BY

Name (Print/Type) Jean M. Lockyer, Ph.D. Registration No. (Attorney/Agent) 44,879 Telephone 415-576-0200
 Signature [Signature] Date January 28, 2004

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PAGE 2/13 * RCVD AT 1/26/2004 8:08:46 PM (Eastern Standard Time) * SVR:USPTO-EFXXF-110 * DNIS:8729307 * CSID:415 576 0300 * DURATION (mm-ss):02-56

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